FEBRUARY 2009 DUR BOARD MEETING MINUTES

Date: February 25, 2009
Members Present: Eichler, Cobb (phone), Sargent, Brown, Harrison, Burton, Bradley, Crichton, and Fitzgerald
Others Present: Roger Citron, Wendy Blackwood, Dan Peterson (Medicaid) Amber Anderson (UM pharmacy student), Blessinger (Drug PA), Barnhill, Wilkinson (Case Management), Barnhill (Drug PA unit), and various representatives of drug manufacturers.
Mark Eichler opened the meeting.
The minutes for the November meeting were reviewed and approved. An update on BID PPI use on children was requested. The previous UM pharmacy student researched this subject and had studies to support this as appropriate treatment.

Department Update:

Wendy Blackwood and Roger Citron from DPHHS updated the Board on the Smart PA program. Currently it will be used to look at Lumigan to ensure its use for Glaucoma, and not off label for cosmetic purposes. Chantix was discussed as a possible addition to the Smart PA program, but the Smart PA program cannot verify smoking cessation after the initial 3 month period and also does not allow for the educational benefit of the PA Unit. It was decided instead to review the possibility of coordinating with the Montana Quit Line.
The Board was reminded that the next 3 meetings will be the Preferred Drug List Formulary Committee on the 4th Wednesday of each month. The April and May meetings will be held at the Great Northern Hotel and June at the Colonial Inn.
The Board was also informed that the 90% refill rule was instituted for Gabapentin (per the Boards previous decision). Also, payment for brand drugs dispensed as generics (DAW 5) is no longer available through the Medicaid Drug Plan. The fiscal agent of medicaid had cleaned up their files, so this has been implemented.
Dan Peterson, Bureau Chief of Medicaid, reported that since the legislative session has not been completed it is still in flux at this time.

Board Discussion:

Long Acting Beta Agonists:
The Board reviewed current usage information on long acting beta-agonist inhalers. Since the use of LABAs in the medicaid populations is for the most part within accepted parameters, the Board decided to have Case Management follow up with disease management education in those patients who fell outside the current accepted standards. No PA restrictions were recommended.
Savella:
This is a medication with an indication for Fibromyalgia only. It is due to hit the market in the next 4-6 weeks. After discussion the Board decided to limit use to patients with a diagnosis of Fibromyalgia who are 18 years and older.
Zolpimist:
This is a new sleeping medication that is an oral inhaled form of Zolpidem. Zolpidem failure is required for all other non-benzodiazepine agents in this class and that will be extended to Zolpimist. Due to concerns about safety and cost the Board also recommended this drug be restricted to patients with compelling medical need only.
Lovasa:
Lovasa is a non-preferred Triglyceride lowering agent on the medicaid formulary. Currently for approval it requires a failure on Gemfibrozil or Tricor (the preferred agents). Some requests have been made to use this medication off label. After a presentation on the current literature by Amber (UM pharmacy student), the Board decided that without additional support we would continue to PA as stated above. The PA unit will continue to solicit information from providers wishing to use this medication off label.
Abilify as an adjunct for depression:
This is a fairly new indication. At this time the medicaid usage reports do not support any conclusion that it has had a major effect on the population. This issue will be followed and reviewed again at a later date.
Voltaren Gel:
Small volume of use reported on this medication. No recommendation at this time.
Flector Patch:
Higher usage with only an acute indication was seen with this medication. Discussion was held. Recommendation at this time is for required PA: 2 NSAID failures (or medical exception), limit of #30/prescription.
Lidoderm patch:
Further investigation by case management on what population this medication is being use in.
The Board adjourned to closed session.
The next meeting will be Formulary Review April 22 at the Great Northern Hotel.
Meeting adjourned at 3:30.